

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003088

1. Entity Name
THE BATES FAMILY FOUNDATION, INC.



Principal Place of Business

12 W FRANKLIN ST
QUINCY, FL 32351

Mailing Address

12 W FRANKLIN ST
QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATES, RICHARD S
12 W FRANKLIN ST
QUINCY, FL 32351

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PD |
| NAME | BATES, RICHARD S |
| STREET ADDRESS | 12 W FRANKLIN ST |
| CITY-ST-ZIP | QUINCY, FL 32351 |
| TITLE | VD |
| NAME | BATES, M B III |
| STREET ADDRESS | 12 W. FRANKLIN ST. |
| CITY-ST-ZIP | QUINCY, FL 32351 |
| TITLE | ST |
| NAME | BATES, RICHARD S |
| STREET ADDRESS | 12 W FRANKLIN ST |
| CITY-ST-ZIP | QUINCY, FL 32351 |
| TITLE | D |
| NAME | LEONARD, DEBORAH L |
| STREET ADDRESS | 2120 KILLARNEY WAY |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000350406
05/02/05-80103-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-77-05 850-677-9001

Date

Daytime Phone #